

## **E d i t o r i a l**

# **Rehabilitation of dialysis patients in Beijing and in Hong Kong in the new Millennium**

In year 2000, the dialysis population of Hong Kong has increased to over 3000 and the policy of Hospital Authority of Hong Kong is that renal failure patients who can benefit from the dialysis will be dialyzed. In China, the number of dialysis patients is also increasing. It is a general trend that our dialysis patients is getting older. The goal of treatment of our dialysis patients is not only related to the physical aspect but also to have good rehabilitation so that the individual can restore to his/her former state of well being (1). In this issue, we have two papers discussing on two aspects of rehabilitation in hemodialysis (HD) patients: psychological assessment in Beijing (2) and exercise rehabilitation in Hong Kong (3).

Wang et al (2) studied 92 HD patients in six centers in Beijing and found that Chinese dialysis patients had a higher level of anxiety than their counterparts in United States. They also found that a higher prevalence of tiredness, pruritus, sleep disturbance and nausea in Chinese than Canadian patients. The objective quality of life was lower in Chinese than Canadian patients, but the overall life satisfaction were similar (2). Though the comparison with the American data is not under a controlled study but with previously reported data and there are sometimes problems using rating scales adopted from Western countries in Chinese culture, the study still illustrated that the dialysis patients in Beijing, like in other countries, have a need in greater attention to psychosomatic problems in order to improve their quality of life.

The 5 E's in rehabilitation in dialysis patients as proposed by the Life Options Rehabilitation Advisory Council in United States are well known to nephrologists and renal nurses: Encouragement, Education, Exercise, Employment and Evaluation. Lo et al (3) reported their pilot study in the effect of exercise training in HD patients. They found a significant improvement in the walking distance in 6 minutes and peak metabolic equivalent even after a twice-weekly exercise during their HD sessions for only 3 months. Though the study did not involve a large number of patients, it reflected the potential of such development in exercise in our dialysis patients. The study made use of stationary exercise bike (exercycle). It is of interest to know that some renal center in Hong Kong has already made use of Chinese style

exercise like Ba-Duan-Jin (八段錦) and Tai Chi (太極) for their dialysis patients (4). Obviously this cannot be done during their HD sessions, but the use of this in a leisure non-dialysis setting or in CARP patients has its advantage in the patients' social rehabilitation.

During the National Kidney Urology Disease Advisory Board Workshop in 1994 in United States, eight barriers (8A's) to successful rehabilitation for end stage renal disease patients were identified: Autonomy, Attitude, Advocates, Access/Availability, Assistance/Aid, Acceptance, Awareness, and Allocation. Notably, autonomy, or the lack of it in patients, was put as the first important barrier to patient rehabilitation. Wang et al (2) commented that patients feeling controlled by external forces might have disadvantages in preventing them from a better rehabilitation, thus exhibiting as anxiety and stress. The potential of developing a sense of autonomy is very useful in dialysis patients and they will feel they can have control on their own disease. The use of self care HD can be another area for further development among our HD centers, so as to allow patients feeling a sense of partnership in terms of caring for themselves (5). This can also help in improving the patient' compliance and their self-esteem. Also it is a more cost-effective way of in-center HD.

Law et al (1) showed that over 50% of in-center HD patients in Hong Kong have a decreased employment status after HD. It is important that we should try to help our patients in improving their chance of continuing their employment, or finding a new one. The patient empowerment, physical and psychosocial rehabilitations, including the use of appropriate exercise, together with a more self help approach toward their disease, are what the patients should aim to achieve, and we as health care workers should try to provide such an environment for them. To this end, our Beijing colleagues have initiated their efforts (2) and our Hong Kong colleagues need to develop more, both aiming to achieve a common goal: a better rehabilitation for our dialysis patients.

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